PTO/SB/01A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:							
This declaration is directed to:							
	The attached application	The attached application, or					
	Application No,	filed on,					
	as amended on	(if applicabl	e);				
I/we believe that I/we am/are for which a patent is sought;	the original and first inve	entor(s) of the su	bject matter which is claimed and				
I/ we have reviewed and u claims, as amended by any a			entified application, including the				
known to me/us to be materi	al to patentability as defin tween the filing date of	ed in 37 CFR 1 the prior appli	d Trademark Office all information .56, including material information cation and the National or PCT able; and				
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF INVENTOR	S)						
Inventor one: Alexander, Blaise							
Signature:	Den	Citizen of:	Montoursville, PA				
Inventor two: Falls, Joan	Μ. <u>\</u>						
Signature:	Halle	Citizen of:	Hughesville, PA				
Inventor three: Puglia, Les							
Signature		Citizen of:	Center Ossipee, NH				
Inventor four: Yeager, Ma	Inventor four: Yeager, Matthew						
Signature:	raf	Citizen of:	Muncy, PA				
☐ Additional inventors are being named on additional form(s) attached hereto.							

Burden Hour Statement' This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Dond to a collection of information unless it displays a valid OMB control purchase.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Under the Paperwork Reduction Act of 1995, no persons a	are required to respond to a collection of in	nformation unless it displays a valid OMB control number.
	Application Number	60/241,601
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Filing Date	10/19/2000
	First Named Inventor	Alexander, Blaise
	Group Art Unit	N/A
	Examiner Name	N/A
	Attorney Docket Number	20682-0002

I hereby a	ppoint:				[			
	oners at C	ustomer Number			<b></b>	Plane (		
OR ☐ Practition	oner(s) nar	med helow:			l	Label here		
	Practitioner(s) named below:  Name  Registration NameAddemARK OFFICE							
	TVESTSTEATION INAMEMORIADEMARK OFFICE							
1								
<u> </u>								
ļ j	i			-				
L								
as my/our a Trademark	ttorney(s) of Office con	or agent(s) to pro- nected therewith.	secute the application id	lentified abo	ove, and to t	transact all business in the Patent and		
			ddress for the above-ider	ntified appli	cation to:			
☐ The at	ove-menti	ioned Customer N	lumber.		_	Place Customer		
Practition	oners at Cu	ustomer Number				Number Bar Code Label here		
OR Firm or								
☐ Firm <i>or</i> Individua	al Name							
Address								
Address								
City			S	State		ZIP		
Country								
Telephone			1	Fax				
I am the:								
Application	cant/Invento	or.						
			terest. See 37 CFR 3.71					
Certific	ate under		s enclosed. (Form PTO/S					
SIGNATURE of Applicant or Assignee of Record								
Name	Name Blaise Alexander							
Signature Soa Ou								
Date 10 - 16 - 01								
NOTE: Signa Submit multi	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					r their representative(s) are required.		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 60/241,601 Filing Date 10/19/2000 First Named Inventor Alexander, Blaise Group Art Unit N/A**Examiner Name** N/A 20682-0002 Attorney Docket Number

I hereby appo	int:							
l.	rs at Customer Numbe	er	<b>_</b>					
OR  Practitioner	r(s) named below:			Label here				
		ame	Registrati	OVENIEND PROPERTIES AND ASSISTE				
	Name Registration Nember DEMARK OFFICE							
<u> </u>								
-								
as my/our attorr	ney(s) or agent(s) to p se connected therewith	rosecute the application ide	entified above, and to	transact all business in the Patent and				
	·							
		address for the above-iden	tified application to:					
☐ The above	e-mentioned Customer	Number.	_ ,	Place Customer				
Practitioner	s at Customer Numbe	r		Number Bar Code Label here				
OR								
☐ Firm <i>or</i> Individual N	ame							
Address								
Address								
City		St	ate	ZIP				
Country								
Telephone		F	ax					
I am the:								
☑ Applicant/l	Inventor.							
		interest. See 37 CFR 3.71						
Certificate	under 37 CFR 3.73(b)	is enclosed. (Form PTO/S	B/96).					
SIGNATURE of Applicant or Assignee of Record								
Name Joan M. Falls								
Signature AMM Halla								
Date 0 10 - 16 - 01								
NOTE: Signature Submit multiple f	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
★ Total of 4 forms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

mile desired that the desired the desired that the desired the des

Approved for use through 10/31/2002, OMB 0651-0035
U.S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 60/241,601 10/19/2000 Filing Date POWER OF ATTORNEY OR First Named Inventor Alexander, Blaise **AUTHORIZATION OF AGENT** Group Art Unit N/A**Examiner Name** N/A Attorney Docket Number 20682-0002

	7,000	mey bocket Num	Dei 20002-0002
I hereby appoint:			
	Customer Number		
OR ☐ Practiti <u>oner(s)</u> n	ramed helow		Label here
	Name		Registration NEM BEADEMARK OFFICE
			Registration rearriber
			J
as my/our attorney(s Trademark Office co	) or agent(s) to prosecute the appliconnected therewith.	ation identified abov	ve, and to transact all business in the Patent and
Please change the	correspondence address for the abo		
		ove-identified applica	ation to:
OR	ntioned Customer Number.		Place Customer Number Bar Code
Practitioners at 0	Customer Number		Label here
☐ Firm <i>or</i>			
Individual Name			
Address			
Address			
City		State	ZIP
Country			
Telephone		Fax	
l am the:			
Applicant/Inven			
	cord of the entire interest. See 37 CF		
Certificate unde	er 37 CFR 3.73(b) is enclosed. (Form		
	<del></del>	pplicant or Assigne	e of Record
Name Les Pu	glia		
Signature	Just.		
Date )	10-16-01		
NOTE: Signatures or Submit multiple form	f all the inventors or assignees of re s if more than one signature is requ	ecord of the entire	interest or their representative(s) are required
★Total of 4 forms a	are submitted.	ulleu, see below .	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	60/241,601
Filing Date	10/19/2000
First Named Inventor	Alexander, Blaise
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	20682-0002

I hereby appoint	:					
	at Customer Number					
OR ☐ Practitioner(s)	) named below:			26587		
	Name	e	Registra	ationa <b>Namidad</b> emark office		
	y(s) or agent(s) to pros connected therewith.	secute the application id	entified above, and	to transact all business in the Patent and		
Diago change t	ho correspondence ad	dress for the above-ide	ntified application to	<del></del>		
_	ne correspondence ad nentioned Customer N		пинеч аррисацоп ю			
OR	nendoned Customer N	lumber.		Place Customer Number Bar Code		
Practitioners :	at Customer Number			Label here		
Firm or						
Individual Name						
Address Address						
City		s	State	ZIP		
Country			<u> </u>			
Telephone		T	Fax			
I am the:				<del></del>		
⊠ Applicant/In	ventor.					
Assignee of	record of the entire in	terest. See 37 CFR 3.7	1.			
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Mat	thew Yeager	NC ()				
Signature Signature						
Date //O-16-01  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.						
		or assignees of record signature is required,		st or their representative(s) are required.		
	ms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.